

MEDICAL EXAMINER AND CORONER INFORMATION SHARING PROGRAM

WHAT IS THE PUBLIC HEALTH ISSUE?

The lack of uniformity in death investigation practices and the need for better distribution of death investigation data has hampered the availability, quality, and timeliness of death investigation information being used by the public health community and by other human resource programs. Medical examiners and coroners (ME/Cs) play critical roles in investigating sudden, unexplained, or violent deaths. These officials provide accurate, legally defensible determinations of cause of death in suspicious circumstances, which account for 20% of all deaths and include deaths that are of interest to public health personnel. The records of ME/Cs provide vital information regarding patterns and trends of mortality in the United States and other data important for public health studies and surveillance. To make this information more readily available, CDC established the Medical Examiner and Coroner Information Sharing Program (MECISP) in 1986.

WHAT HAS CDC ACCOMPLISHED?

MECISP promotes improving public health and safety through sharing and using data from death investigations by ME/Cs to increase the effectiveness of intervention activities. Examples of information sharing are seen in the heat index criteria warnings for the public on safe temperatures for certain outdoor activities and the installation of safety locks in car trunks. Collaborations between ME/Cs and public health systems on epidemiologic studies of deaths routinely investigated by ME/Cs have aided in establishing protocols for determining deaths most likely to be caused by terrorism agents.

Example of Program in Action

In 2000, the New Mexico Office of the Medical Investigator developed and implemented a protocol to enhance infectious disease surveillance, emphasizing the detection of deaths likely to be caused by a critical terrorism agent. Positive autopsy findings are immediately reported to the appropriate public health authorities for further action. In its first year, 76 deaths meeting their criteria yielded an organism-specific diagnosis. Of those identified, 47% were notifiable infectious disease conditions in New Mexico, including tuberculosis, botulism, and invasive *Streptococcus pneumoniae* disease. A notifiable infectious disease requires regular, frequent, and timely information concerning individual cases in order to prevent and control that disease.

WHAT ARE THE NEXT STEPS?

Partnerships between ME/Cs and state and local health departments hold great promise for reporting cases or clusters of unusual deaths, including those caused by biological or chemical terrorism. In the future, CDC plans to

- Publish and distribute a guidebook for state and local ME/Cs outlining their role in terrorism-associated surveillance and case management.
- Publish guidance on the assessment of ME/C-based information systems and mechanisms to support information exchange between ME/Cs and public health agencies.
- Implement and evaluate surveillance demonstration projects in selected ME/C sites to assess the added value of ME/C-based surveillance to enhance public health preparedness and response.

For additional information on this or other CDC programs, visit www.cdc.gov/program

January 2004